CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		1	G. Tatal pages this against
The C/OH Instruction Gui	DEEXPlains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	Total pages this report: 24
3 CANDIDATE /	TITLE FIRST	· MI	OFFICE USE ONLY
OFFICEHOLDER	Ms. Ada	•	
NAME			Date Received
	NICKNAME LAST	SUFFIX	1151/10
'	Edwards		
· · · · · · · · · · · · · · · · · · ·		CITY: STATE: ZIP CODE	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	1/4 perchen
ADDRESS	P.O. Box 667307		A 5000 JE 2002 Jed
	Houston TX 77266-7307		the Hand-de wared of Date Postmark at.
Change of Address	Houston 1X 71200-1307		A COLL SECULETURAL P
5 CAMPAIGN	TITLE FIRST	MI	1 🐼
TREASURER	Ms. Monica		Receipt
NAME			Nocehi Co
	NICKNAME LAST	SUFFIX	Date Processed
	Lamb		Date Imaged
	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #, CITY; STATE;	ZIP CODE
6 CAMPAIGN TREASURER	STREET ADDRESS (NO FO BOX PLEASE), APT	Some a Sittle States	
ADDRESS	P.O. Box 667307		
(Residence or business)	Houston TX 77266-7307		
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	•
TREASURER	(713) 523-1762		
PHONE			· .
8 REPORT TYPE	X January 15 30th day before ele	ctior. Runoff	15th day after campaign treasurer appointment (officeholder only)
			Footstand (Altoph C/OH PP)
	July 15 8th day before elec	tion Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD	Month Day Year	Month Day	Year
COVERED		HROUGH	201
j	11/22/2001	12/31/20	
10 ELECTION	ELECTION DATE ELECTION	N TYPE	
1	Month Day Year	inary X Runoff	General Special
1	12/01/2001]
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (If know Cty Council, Distric	m)
11 0, 110		Cty Council, Distric	t U
13 DIRECT	Direct campaign expenditures are campaig	n expenditures made by others without the	candidate's prior consent or approval.
CAMPAIGN	Candidates are required to disclose this informa	tion only if they receive notification of the di	rect campaign expenditure.
EXPENDITURE	Name		
BY OTHER INDIVIDUALS	,		
		<u></u>	
	Address/PO Box; Apt. / Suite #; City; Stat	e; Zip Code	
·			
additional pages		-4	
·			·
	COR	O PAGE 2	
	GO	O FAGE Z	
			(Effective 17/16/199

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

SUPPORT	IOIALO		
14 C/OH NAME Ms. Ada Edwards	• •		15 ACCOUNT # (Ethics Commission filers)
16 NOTICE FROM	l have been made with	es political expenditures by political committees to support the cand out the candidate's or officeholder's knowledge or consent. Candidat y receive notice of such expenditures	didate / officeholder. These expenditures may tes and officeholders are required to report this
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	···
17 NO REPORTABLE ACTIVITY	Check here if no	reportable activity occured during this reporting period. (Sign affidavid below and	d submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26501.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 0.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 29495.25
OUTSTANDING LOAN TOTALS	5. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 0.00
19 AFFIDAVIT			
		I swear, or affirm, under penal is true and correct and include me under Title 15, Election Co	Ity of perjury, that the accompanying report es all information required to be reported by ode.
		Signature of	Candidate or Officeholder
Sworn to and subs	. ~		this the day
or Hunudri	120 00 10	certify which, witness my hand and seal of office. MARTHA DIAZ- Rift Printed name of officer administering oath	MARTHA DIAZ RIVERA MY COMMISSION EXPIRES September 14, 2003

	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
he instruction	Guide explains how to complete this form.		1 Total pages this sched	ule A1: 19
FILER NAME	Ada Edwards	-	3 ACCOUNT # (Ethics C	Comission filers)
Date	5 Full Name of Contributor: Robert M. Singleton	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Kenneth Neil Jones	oul of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Robert Weinberger	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Owennetta Hamrick	out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal	Occupation (Optional):	10 Employ	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Mary Lynn Pannill	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal	Occupation (Optional):	10 Employ	er (Optional):	

P.O. Box 12070

	AL CONTRIBUTIONS THAN PLEDGES OR LOA	ANS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC
The Instruction	n Guide explains how to complete this form	n.	1 Total pages this sched	dule A1: 19
2 FILER NAM	E: Ada Edwards		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 11/26/2001	5 Full Name of Contributor: Robert Lay-Su 6 Contributor Address: City, State,	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
			7 ·	
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Olga L. Rodriguez	out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal 0	Decupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Ernst Roth	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
1	6 Contributor Address: City, State,	Zip Code		!
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	1
4 Date 11/26/2001	5 Full Name of Contributor: Anthony Ogbo	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	<u> </u>
4 Date 11/26/2001	5 Full Name of Contributor: Douglas M. Selman	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
(6 Contributes Address of the Contributes of the Con	Zip Code		1
	Ccupation (Optional):	10 Employe	er (Optional):	1

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

9 Principal Occupation (Optional):

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS **SCHEDULE A1** OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: 19 The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Comission filers) Ada Edwards 2 FILER NAME: out of state PAC 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Robert E Galloway (if applicable): 11/26/2001 \$100.00 Zip Code City, State, 6 Contributor Address: Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 8 in kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution contribution (\$): **Nelda Conner Lewis** (if applicable): 11/26/2001 \$50.00 Zip Code City, State, 6 Contributor Address: 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Senetta Clifton (if applicable): 11/26/2001 \$25.00 Zip Code 6 Contributor Address: City, State, 9 Principal Occupation (Optional): 10 Employer (Optional): out of state PAC 8 In kind 7 Amount of 4 Date 5 Full Name of Contributor: contribution (\$): contribution Mary Comeaux-Taylor Ross (if applicable): 11/26/2001 \$50.00 6 Contributor Address: City, State, Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional): out of state PAC 8 In kind 7 Amount of 5 Full Name of Contributor: 4 Date contribution (\$): contribution Jane Rose Nyambura (if applicable): 11/26/2001 \$50.00 City, State, Zip Code 6 Contributor Address:

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

10 Employer (Optional):

OTHER 1	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS	(FOR I	SCHEDULE A1
The Instruction	Guide explains how to complete this form.	,	1 Total pages this sched	ule A1: 19
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics C	omission filers)
4 Date 11/26/2001	J. Thomas Smith		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code			
9 Principal 0	Occupation (Optional):	10 Employe	er (Optional):	<u>-</u>
4 Date 11/26/2001	5 Full Name of Contributor: Brian G. Smith	aut of state PAC 7 Amount of contribution (8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		:
9 Principal (Occupation (Optional):	10 Employe	er (Optional):	!
4 Date 11/26/2001	5 Full Name of Contributor: Hilda L Durden	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employ	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: J. Treadway Brogdon	oul of state PAC	7 Amount of contribution (\$):	8 in kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal (Occupation (Optional):	10 Employ	rer (Optional):	<u>.</u>
	5 Full Name of Contributor:	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution
4 Date 11/26/2001	Robert De Roy Jobe		\$100.00	(if applicable):

P.O. Box 12070

• •	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS	SCHEDULE (FOR FORMS C/OH and SPA		
The Instruction	Guide explains how to complete this form		1 To	tal pages this sched	ule A1: 19
2 FILER NAME	Ada Edwards		3 AC	CCOUNT # (Ethics C	omission filers)
4 Date 11/26/2001	5 Full Name of Contributor: Hermachandra Prasad Kolluru	Out of state PAC		7 Amount of contribution (\$): \$100.00	B In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employe	er (Op	tional):	
4 Date 11/26/2001	5 Full Name of Contributor: Vic Bonner	oul of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code			• !
9 Principal 0	Occupation (Optional):	10 Employ	er (Op	tional):	
4 Date 11/26/2001	5 Full Name of Contributor: Corinne C Reed	Dout of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State,	Zip Code			<u> </u>
9 Principal (Occupation (Optional):	10 Employ	er (Op	otional):	
4 Date 11/26/2001	5 Full Name of Contributor: Robert Alwalee	aut of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State	Zip Code			!
9 Principal (Occupation (Optional):	10 Employ	/er (Oţ	otional):	I
4 Date 11/26/2001	5 Full Name of Contributor: Zuberi Iddi Mwamba	□out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code			
9 Principal (Occupation (Optional):	10 Employ	/er (O	otional):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

exas Ethics Comr	mission P.O. Box 12070	Austin, Texas 78711-20	70 (512) 463	-5800 1-800-325-8506
	AL CONTRIBUTIONS HAN PLEDGES OR LOA	ANS	(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this for	m.	1 Total pages this sched	ule A1: 19
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics C	omission filers)
4 Date 11/26/2001	5 Full Name of Contributor: Marian M. Donly	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Joan C. Denkler	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employ	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Bill Patterson	out of state PAC	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State,	Zip Code		
9 Principal	Occupation (Optional):	10 Employ	ver (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: John K. Spear	out of stale PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal	Occupation (Optional):	10 Emplo	yer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Michael Bailey	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):

10 Employer (Optional):

Zip Code

City, State,

6 Contributor Address:

9 Principal Occupation (Optional):

	AL CONTRIBUTIONS THAN PLEDGES OR LO	ANS	· (FOF	SCHEDULE A1 R FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this for	m.	1 Total pages this sche	edule A1: 19
2 FILER NAMI	E: Ada Edwards		3 ACCOUNT # (Ethics	Comission filers)
4 Date 11/26/2001	5 Full Name of Contributor: Frank Fosselia 6 Contributor Address: City, State,	Dout of state PAC Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Alcon Lighcraft Co. 6 Contributor Address: City. State.	Dout of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Grantham Pest Control, LLC 6 Contributor Address: City, State,	Zip Code	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Charles E Slade 6 Contributor Address: City State	out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: Dalton C. Dehart 6 Contributor Address: City. State,	□oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	1.

xas Ethics Com	mission P.O. Box	12070	Austin, T	exas 78711-20	70	(512) 463	-5800 1-800-325-850
	AL CONTRIBUT HAN PLEDGES		ANS			(FOR F	SCHEDULE A1 ORMS C/OH and SPAC)
The Instruction	Guide explains how to con	nplete this for	m.		1 Total	pages this schedu	lie A1: 19
2 FILER NAME	Ada	Edwards	·		3 ACC	OUNT # (Ethics C	omission filers)
4 Date 11/26/2001	5 Full Name of Contributor Ester King 6 Contributor Address:	City, State,		ut of state PAC	, ,	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal C	occupation (Optional):			10 Employe	er (Optio	nal):	
4 Date 11/27/2001	5 Full Name of Contributor Elisabeth B Huffer 6 Contributor Address:	r. City, State,		out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional): 5 Full Name of Contributo	or;		10 Employ	/er (Optio	onal): 7 Amount of contribution (\$):	8 In kind
11/27/2001	Alonzo Peters 6 Contributor Address:	City, State,	Zip	Code		\$1,500.00	(if applicable) :
9 Principal (Occupation (Optional):			10 Employ	yer (Opti	onal):	
4 Date 11/27/2001	5 Full Name of Contribute Judson W. Robinson			out of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (If applicable):
	6 Contributor Address:	City, State,	Zip	Code		 	
9 Principal	Occupation (Optional):			10 Emplo	yer (Opti	onal):	
4 Date 11/27/2001	5 Full Name of Contribute Angelique Feaster Co			out of state PAC		7 Amount of contribution (\$): \$1,500.00	8 In kind contribution (if applicable):
	6 Contributor Address:	City. State.	7i	Code			
9 Principal	Occupation (Optional):		-	10 Emplo	yer (Opt	ional):	

POLITICAL CONTRIBUTIONS

P.O. Box 12070

SCHEDULE A1

OTHER T	HAN PLEDGES OR LOAM	NS 		(FOR I	FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form.		1 Tot	al pages this sched	ule A1; 19
2 FILER NAME	: Ada Edwards		3 ACCOUNT # (Ethics Comission filers)		
4 Date 11/27/2001	5 Full Name of Contributor: Wilmoth Loper Williams	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code	,		
9 Principal C	Occupation (Optional):	10 Employe	er (Opti	ional):	
4 Date 11/27/2001	5 Full Name of Contributor: Alma Y. West	Out of state PAC		7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City State	Zip Code			
9 Principal C	Occupation (Optional):	10 Employ	er (Opt	ional):	
4 Date 11/27/2001	5 Full Name of Contributor: Kevin J. Ney	out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employ	er (Opt	ional):	
4 Date 11/27/2001	5 Full Name of Contributor: Charles Spain	out of state PAC	, -	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City. State.	Zin Code			
9 Principal C	Occupation (Optional):	10 Employ	er (Opt	tional):	
4 Date 11/27/2001	5 Full Name of Contributor: Anthony Haley	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employ	/er (Opt	tional):	

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POLITICAL CONTRIBUTIONS

SCHEDULE A1

OTHER THAN PLEDGES OR LOANS			(FOR FORMS C/OH and SPAC)		
The Instruction (Guide explains how to complete this form.	. 1	Total pages this schedu	ule A1: 19	
2 FILER NAME:	Ada Edwards	3 ACCOUNT # (Ethics Comission filers)			
4 Date	5 Full Name of Contributor: C M Garver	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code			
9 Principal O	ccupation (Optional):	10 Employer (Optional):		
4 Date 11/27/2001	5 Full Name of Contributor: Steve J. Louis	Dout of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
	6 Contributor Address: City, State,	Zip Code			
9 Principal O	occupation (Optional):	10 Employer (Optional):		
4 Date 11/27/2001	5 Full Name of Contributor: Yancy L. Saunders	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code	· 		
9 Principal C	Occupation (Optional):	10 Employer	(Optional):		
4 Date 11/27/2001	5 Full Name of Contributor: Joan C. Edwards	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employer	(Optional):		
4 Date 11/27/2001	5 Full Name of Contributor: Williams, Birnberg & Anderson	out of state PAC	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :	
	6 Contributor Addres's: City, State.	Zip Code	7		
9 Principal (Occupation (Optional):	10 Employer	(Optional):		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.	1 To	tal pages this sched	dule A1: 19
2 FILER NAM	E: Ada Edwards	3 AC	COUNT # (Ethics C	Comission filers)
4 Date 11/27/2001	5 Full Name of Contributor: Out of state PAC Law Offices of Reginald E. McKamie		7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code			, 1 1
9 Principal (Occupation (Optional): 10 Employe	er (Opt	ional):	J
4 Date 11/27/2001	5 Full Name of Contributor: Out of state PAC ANSUN PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code			
9 Principal (Occupation (Optional): 10 Employe	er (Opt	ional):	
4 Date 11/28/2001	5 Full Name of Contributor: Out of state PAC Grande Communications Neworks, Inc. PAC		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code	ļ		
9 Principal C	Occupation (Optional): 10 Employe	er (Opt	ional):	
4 Date 11/28/2001	5 Full Name of Contributor:		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State, Zip Code		V	
9 Principal C	Occupation (Optional): 10 Employe	er (Opt	ional):	
4 Date 11/28/2001	5 Full Name of Contributor: Goul of state PAC Robert C. McNair		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code			1
9 Principal C	Occupation (Optional): 10 Employe	r (Opt	ional):	<u> </u>

9 Principal Occupation (Optional): 10 Employer (Optional): 11/28/2001 5 Full Name of Contributor: 11/28/2001 5 Full Name of Contributor: 10 Employer (Optional): 10 Employer (Optional): 10 Employer (Optional): 10 Employer (Optional): 11/28/2001 5 Full Name of Contributor: 11/28/2001 5 Full Name of Contributor: 11/28/2001 6 Contributor Address: City State 7 Amount of contribution (S): 10 Employer (Optional): 11/28/2001 10 Employer (Optional): 11/28/2001 10 Employer (Optional): 11/28/2001 10 Employer (Optional): 11/28/2001 10 Employer (Optional): 11/28/2001 10 Employer (Optional): 11/28/2001 10 Employer (Optional): 11/28/2001 10 Employer (Optional): 10 Employer (Optional): 11/28/2001 10 Employer (Optional): 11/28/2001 10 Employer (Optional):		AL CONTRIBUTIONS THAN PLEDGES OR LOA	ANS	(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
Date S Full Name of Contributor: Glenn Martin S Contributor (fi applicable) S Full Name of Contributor: D-A-L Records S Full Name of Contributor: D-A-L Records S Contributor Address: City, State, Zip Code S Full Name of Contributor: Darryl Carter S Full Name of Contributor: S Ful	he Instruction	Guide explains how to complete this for	m.	1 Total pages this sched	ule A1: 19
11/28/2001 S Full Name of Contributor: Contributor (S) S Full Name of Contributor: Contributor: Contributor (S) S Full Name of Contributor: Contributor: Contributior (S) S Full Name of Contributor: Contributor: Contributior (S) S Full Name of Contributor: Contributor: Contributior (S) Contributior (S) Contributior (S) Contributior (S) Contributior (S) Contributior (S) Contributor (S) Contributior (S) Contributior (S) Contributior (S) Contributior (S) Contributior (S) Contributior (S) Contr	FILER NAME	: Ada Edwards		3 ACCOUNT # (Ethics C	omission filers)
Principal Occupation (Optional): 10 Employer (Optional): 11 Employer (Optional): 12 Full Name of Contributor: 13 Contributor Address: City, State, Zip Code 14 Date 15 Full Name of Contributor: 10 Employer (Optional): 10 Employer (Optional): 11 Employer (Optional): 11 Employer (Optional): 12 Full Name of Contributor: 13 Full Name of Contributor: 14 Date 15 Full Name of Contributor: 16 Contributor Address: City State 17 Amount of contribution (§): 18 In kind contribution (§): 19 Principal Occupation (Optional): 10 Employer (Optional): 11 Employer (Optional): 11 Employer (Optional): 12 Full Name of Contributor: 25 Full Name of Contributor: 26 Contributor Address: City, State, Zip Code 27 Amount of contribution (§): 38 In kind contribution (§): 4 Date 11/28/2001 5 Full Name of Contributor: 27 Amount of contribution (§): 38 In kind contribution (§): 4 Date 11/28/2001 5 Full Name of Contributor: 27 Amount of contribution (§): 4 Date 28 In kind contribution (§): 4 Date 3 Principal Occupation (Optional): 10 Employer (Optional): 10 Employer (Optional): 10 Employer (Optional): 11 Employer (Optional):		Glenn Martin		contribution (\$):	
## Date D-A-L Records Secontribution Secontribution	9 Principal C	Occupation (Optional):		er (Optional):	
4 Date 11/28/2001 5 Full Name of Contributor: Darryl Carter 6 Contributor Address: City State Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional): 10 Employer (Optional): 11/28/2001 5 Full Name of Contributor: Outdoor PAC 6 Contributor Address: City State, Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional): 11 Employer (Optional): 11 Employer (Optional): 10 Employer (Optional): 11 Employer (Optional): 11 Employer (Optional): 12 Employer (Optional): 13 En kind contribution (if applicable) 14 Date 15 Full Name of Contributor: 10 Employer (Optional): 11 Employer (Optional): 11 Employer (Optional): 12 Employer (Optional): 13 En kind contribution (if applicable) 14 Date 15 Full Name of Contributor: James C. Box 5 Full Name of Contributor: James C. Box	. – .	D-A-L Records		contribution (\$):	
Darryl Carter Contributor Address: City State Zip Code Contribution (S): \$1,000.00 Contribution (if applicable	9 Principal 0	Occupation (Optional):	10 Employ	er (Optional):	
9 Principal Occupation (Optional): 4 Date 11/28/2001 5 Full Name of Contributor: Outdoor PAC 6 Contributor Address: City. State, 9 Principal Occupation (Optional): 10 Employer (Optional): 7 Amount of contribution (\$): \$1,000.00 6 Contributor Address: City. State, 7 Amount of contribution (if applicable) 9 Principal Occupation (Optional): 10 Employer (Optional): 10 Employer (Optional): 11 Date 11/29/2001 10 Employer (Optional): 11 Date 11/29/2001		Darryl Carter		contribution (\$):	
Outdoor PAC 5 Full Name of Contributor. Outdoor PAC 6 Contributor Address: City. State, Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional): 4 Date 11/29/2001 5 Full Name of Contributor: James C. Box Contribution (\$): Contribution (\$): To provide the pact of the pact	9 Principal (ver (Optional):	
4 Date 5 Full Name of Contributor: Out of state PAC 7 Amount of contribution (\$): 11/29/2001 \$250.00 \$8 In kind contribution (if applicable)		Outdoor PAC		contribution (\$):	
4 Date S Full Name of Contribution (\$): contribution (\$): contribution (first applicable \$250.00	9 Principal	Occupation (Optional):	10 Employ	/er (Optional):	
6 Contributor Address: City, State, Zip Code		James C. Box		contribution (\$):	ì
		6 Contributor Address: City, State,	Zip Code		

	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	_	(512) 40	SCHEDULE A1 FORMS C/OH and SPAC)	
The Instruction	n Guide explains how to complete this form.		1	Total pages this sched	dule A1: 19
2 FILER NAM		3 .	3 ACCOUNT # (Ethics Comission filers)		
4 Date 11/29/2001	5 Full Name of Contributor: Greater Greenspoint PAC 6 Contributor Address: City, State,	out of state PAC Zip Code	1	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal (Occupation (Optional):	10 Employe	er (O	ptional):	
4 Date 11/29/2001	5 Full Name of Contributor: Sparks-Barlow-Barnett 6 Contributor Address: City State	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal (Occupation (Optional):	10 Employe	er (O	ptional):	
4 Date 11/29/2001	5 Full Name of Contributor: Fulbright & Jaworski Tx. Committee 6 Contributor Address: City, State,	out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal C	Occupation (Optional):	10 Employe	r (O	ptional):	
4 Date 11/29/2001	5 Full Name of Contributor: John W Gravenor 6 Contributor Address: City, State,	□out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal C	Occupation (Optional):	10 Employe	r (O	ptional):	
4 Date 11/29/2001	5 Full Name of Contributor: J. S. Stone 6 Contributor Address: City, State.	□oul of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•		Zip Code			
9 Principal C	Occupation (Optional):	10 Employe	r (O	otional):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC	
The Instruction	Guide explains how to complete this form.		1 Total pages this sched	lule A1: 19	
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics C	Comission filers)	
4 Date 11/29/2001	5 Full Name of Contributor: Judy McConnell	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
	6 Contributor Address: City, State,	Zip Code		 	
9 Principal C	Occupation (Optional):	10 Employ	er (Optional):		
4 Date 11/29/2001	5 Full Name of Contributor. Alfred Taylor	out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):	
	6 Contributor Address: City, State,	Zip Code		· - 	
9 Principal 0	Occupation (Optional):	10 Employ	er (Optional):		
4 Date 11/29/2001	5 Full Name of Contributor: F. M. Stone	☐oul of state PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):	
•	6 Contributor Address: City, State,	Zip Code		\ 	
9 Principal (Decupation (Optional):	10 Employ	er (Optional):		
4 Date 11/29/2001	5 Full Name of Contributor: Larry Criswell	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
	6 Contributor Address: City, State, , , TX	Zip Code		; ; ;	
9 Principal 0	Decupation (Optional):	10 Employ	rer (Optional):		
4 Date 11/29/2001	5 Full Name of Contributor: Raymond Fisher	Oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
11/29/2001				1	

(512) 463-5800 1-800-325-8506 Austin, Texas 78711-2070 Texas Ethics Commission P.O. Box 12070 POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) The Instruction Guide explains how to complete this form. 1 Total pages this schedule A1: 3 ACCOUNT # (Ethics Comission filers) Ada Edwards 2 FILER NAME: Out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Craig M Ottinger (if applicable): 11/29/2001 \$300.00 City, State, Zip Code 6 Contributor Address; 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution contribution (\$): Lynne Huffer (if applicable): 11/30/2001 \$100.00 6 Contributor Address: City, State, Zip Code 10 Employer (Optional): 9 Principal Occupation (Optional): 5 Full Name of Contributor: out of state PAC 7 Amount of 8 In kind 4 Date contribution contribution (\$): **Houston Associated General Contractors PAC** (if applicable): 11/30/2001 \$500.00 6 Contributor Address: __ City, State, 10 Employer (Optional): 9 Principal Occupation (Optional): 7 Amount of 8 In kind 5 Full Name of Contributor: 4 Date contribution (\$): contribution Paul A Christy (if applicable): 11/30/2001 \$60.00 6 Contributor Address: Zin Code 10 Employer (Optional): 9 Principal Occupation (Optional): out of state PAC 7 Amount of 8 In kind 5 Full Name of Contributor:

6 Contributor Address: City, State, Zip Code 9 Principal Occupation (Optional): 10 Employer (Optional):

contribution (\$):

\$50.00

contribution

(if applicable):

4 Date

11/30/2001

Judith Craven

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

9 Principal Occupation (Optional):

P.O. Box 12070 POLITICAL CONTRIBUTIONS **SCHEDULE A1** OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC) 1 Total pages this schedule A1: 19 The Instruction Guide explains how to complete this form. Ada Edwards 3 ACCOUNT # (Ethics Comission filers) 2 FILER NAME: out of state PAC 7 Amount of 8 In kind 4 Date 5 Full Name of Contributor: contribution (\$): contribution Dalton C. Dehart (if applicable): 11/30/2001 \$50.00 City, State, Zip Code 6 Contributor Address: 9 Principal Occupation (Optional): 10 Employer (Optional): __out of state PAC 8 In kind 4 Date 5 Full Name of Contributor: 7 Amount of contribution (\$): contribution Alice B Otchere (if applicable): 11/30/2001 \$100.00 6 Contributor Address: 9 Principal Occupation (Optional): 10 Employer (Optional): __out of state PAC 8 In kind 4 Date 5 Full Name of Contributor: 7 Amount of contribution contribution (\$): Sunni Smith (if applicable): 11/30/2001 \$100.00 Zip Code City, State, 6 Contributor Address: 9 Principal Occupation (Optional): 10 Employer (Optional): : 5 Full Name of Contributor: __oul of state PAC 4 Date 7 Amount of 8 In kind contribution (\$): contribution Dionel E. Aviles (if applicable): 12/3/2001 \$250.00 6 Contributor Address: City 9 Principal Occupation (Optional): 10 Employer (Optional): out of state PAC 5 Full Name of Contributor: 7 Amount of 8 In kind 4 Date contribution (\$): contribution International Brotherhood of Electrical Workers, IBEW LU (if applicable): 12/5/2001 \$500.00 6 Contributor Address: City, State, Zip Code

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

10 Employer (Optional):

	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)	
The Instruction	Guide explains how to complete this form	•	1 Total pages this sched	iule A1: 19	
2 FILER NAME	Ada Edwards		3 ACCOUNT # (Ethics Comission filers)		
4 Date 12/5/2001	5 Full Name of Contributor: John C Brittain	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :	
4	6 Contributor Address: City, State,	Zip Code		· 	
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):		
4 Date 12/5/2001	5 Full Name of Contributor: Yolanda Alvarado	out of state PAC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :	
•	6 Contributor Address: City, State,	Zip Code			
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	<u> </u>	
4 Date 12/10/2001	5 Full Name of Contributor: —out of state PAC Uptown Houston Political Action Committee		7 Amount of contribution (\$):	8 in kind contribution (if applicable):	
	6 Contributor Address: City, State,	Zip Code		i 	
9 Principal C	Occupation (Optional):	10 Employe	r (Optional):		
4 Date 12/10/2001	5 Full Name of Contributor: Gerald Wilson	oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
	6 Contributor Address: City, State,	Zip Code		! ! !	
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):		
4 Date 12/10/2001	5 Full Name of Contributor: Gwendolyn C. Fedrick	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):	
ı	6 Contributor Address: City, State,	Zip Code		 	
9 Principal C	occupation (Optional):	10 Employe	r (Optional):		

	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	Guide explains how to complete this form	 :	1 Total pages this sche	dule A1: 19
2 FILER NAME	≕ Ada Edwards		3 ACCOUNT # (Ethics	Comission filers)
4 Date 12/10/2001	5 Full Name of Contributor: Jean R. Sutherland	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		† · -
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/12/2001	5 Full Name of Contributor: Keith V Branch	out of state PAC	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State.	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/12/2001	5 Full Name of Contributor: Jean W. Dember	out of state PAC	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/12/2001	5 Full Name of Contributor: D Fred Martinez	out of state PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code	;	
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	
4 Date 12/12/2001	5 Full Name of Contributor: Ali Davari	out of state PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City State	Zip Code		
9 Principal C	Occupation (Optional):	10 Employe	er (Optional):	_ :

Texas Ethics Cor	mmission P.O. Box 12070 Aust	in, Texas 78711-20	70	(512) 46	3-5800	1-800-325-8506
	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		(FOR I	SCHED	
The Instruction	on Guide explains how to complete this for	m.	1 To	tal pages this sched	lule A1: 19	
2 FILER NAME	Ada Edwards		3 AC	COUNT # (Ethics C	omission filers)
4 Date 12/12/2001	5 Full Name of Contributor: H A A Better Government Fund	Out of state PAC		7 Amount of contribution (\$): \$4,000.00	8 in kind contribution (if app	licable) :
	6 Contributor Address: City, State	Zip Code			 	
9 Principal C	Occupation (Optional):	10 Employer	(Opti	onal):		
4 Date 12/12/2001	Texas Weston PAC	Out of state PAC		7 Amount of contribution (\$): \$250.00	8 tn kind contribution (if app	licable) :
9 Principal C	Occupation (Optional):	10 Employer	(Opti	onal):	<u> </u>	
4 Date 12/19/2001	Jerome Robinson	Cout of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if app	ficable) :
9 Principal C	Occupation (Optional):	10 Employer	(Opti	onal):		
4 Date 12/19/2001	5 Full Name of Contributor: Robert A Robinson	Out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if app	licable) :
4	6 Contributor Address: City, State,	Zip Code				
9 Principal O	ccupation (Optional):	10 Employer	(Onti	onal):		

*								
Texa:	s Ethics Com	mission	P.O.Box 12070	Austin, Texas 7	8711-2070	(512)4	63-5800	1-800-325-850
l	POLITIO	CAL E	XPENDITU	RES			SCH	HEDULE F
	The Instruction	ж Guide exp	lains how to complete	e this form.		1 Total pag 1/5	es report:	
_	FILER NAME Ms. Ada Ed	="		· ·		3 ACCOL	JNT# (Ethics)	Commission filers)
1	Date 1/27/2001	6 Payee a	dwards	State; Zip Code			7	Amount (\$) 166.30
	Purpose of exp information req Truck Rental	uired.)	e instructions regardin	g type of	Complete if direct explored candidate / Officeholder		enefit C/OH ** Office sought	• Office held

Purpose of expenditure (See instructions regarding type of information required.) Truck Rental		Complete if direct expenditure to benefit Candidate / Officeholder name Offi	C/OH ** ce sought Office held
Date	Payee name		Amount
11/29/2001	Grant Martin Consulting		(\$) 14.80
	Payee address; City; State; Zip Coo		
	1639 Harold		
	Houston TX 77006		
Purpose of ex information red Postage	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit Candidate / Officeholder name Offi	C/OH
Date	Payee name		Amount
1/29/2001	Industrial Printers		(\$) 1633.28
	Payee address; City; State; Zip Co	de	
	1230 Houston Ave		
	Houston TX 77007		
Purpose of ex information re Door Hange		Complete if direct expenditure to benefit Candidate / Officeholder name Off	t C/OH ** Tice sought Office held
Date	Payee name		Amount
11/28/2001	Janice Forbes		(\$) 400.00
	Payee address; City; State; Zip Co	de	
	3806 Southmore		
	Houston TX 77004		
Purpose of ex information re Catering	penditure (See instructions regarding type of quired.)	Complete if direct expenditure to benefit Candidate / Officeholder name	t C/OH ** fice sought Office held

The Instructi	าดง Guide explains how to complete this form.	1	Total pages report: 2/5
FILER NAM Ms. Ada E		3	ACCOUNT # (Ethics Commission filers)
Date	5 Payee name	<u>-</u>	7 Amount
11/29/2001	Kaleidoscope Group		(\$) 600.66
	6 Payee address; City; State; Zip Code		
	5757 Woodway		
	Houston TX 77057		
Purpose of ex information re Phone Calls	tpenditure (See instructions regarding type of equired.)	9 Complete if direct expend Candidate / Officeholder nam	
Date	Payee name	<u> </u>	Amount
11/27/2001	Majic 102 FM		(\$)
112112001			2500.00
	Payee address; City; State; Zip Code	2	
	24 E Greenway Palaza		
	Houston TX 77056		
Purpose of ex	xpenditure (See instructions regarding type of		diture to benefit C/OH · ·
Purpose of ex information re Advertising	equired.)	Complete if direct expendence of Candidate / Officeholder name	ne Office sought Office held
information re	xpenditure (See instructions regarding type of equired.) Payee name		ne Office sought Office held Amount
information re Advertising	Payee name Majic 102 FM	Candidate / Officeholder nam	ne Office sought Office held
information re Advertising Date	Payee name Majic 102 FM	Candidate / Officeholder nam	ne Office sought Office held Amount (\$)
information re Advertising Date	Payee name Majic 102 FM	Candidate / Officeholder nam	ne Office sought Office held Amount (\$)
information re Advertising Date	Payee name Majic 102 FM Payee address; City; State; Zip Code	Candidate / Officeholder nam	ne Office sought Office held Amount (\$)
Date 11/29/2001	Payee name Majic 102 FM Payee address; City; State; Zip Code 24 E Greenway Palaza Houston TX 77056 xpenditure (See instructions regarding type of	Candidate / Officeholder nam	Amount (\$) 1000.00
Date 11/29/2001 Purpose of exinformation re	Payee name Majic 102 FM Payee address; City; State; Zip Code 24 E Greenway Palaza Houston TX 77056 xpenditure (See instructions regarding type of	Candidate / Officeholder name	Amount (\$) 1000.00 aditure to benefit C/OH ne Office sought Office held
Date 11/29/2001 Purpose of exinformation re Advertising	Payee name Majic 102 FM Payee address; City; State; Zip Code 24 E Greenway Palaza Houston TX 77056 Appenditure (See instructions regarding type of aquired.) Payee name NP Services	Candidate / Officeholder name	Amount (\$) 1000.00 Amount (\$) 1000.00 Amount (\$) 1200.77
Date 11/29/2001 Purpose of exinformation re Advertising Date	Payee name Majic 102 FM Payee address; City; State; Zip Code 24 E Greenway Palaza Houston TX 77056 Expenditure (See instructions regarding type of aquired.) Payee name NP Services	Candidate / Officeholder name	Amount (\$) 1000.00 Amount (\$) 1000.00 Amount (\$) 1200.77
Date 11/29/2001 Purpose of exinformation re Advertising Date	Payee name Majic 102 FM Payee address; City; State; Zip Code 24 E Greenway Palaza Houston TX 77056 Appenditure (See instructions regarding type of aquired.) Payee name NP Services	Candidate / Officeholder name	Amount (\$) 1000.00 Amount (\$) 1000.00 Amount (\$) 1200.77
Date 11/29/2001 Purpose of exinformation re Advertising Date	Payee name Majic 102 FM Payee address: City; State; Zip Code 24 E Greenway Palaza Houston TX 77056 Expenditure (See instructions regarding type of aquired.) Payee name NP Services Payee address; City; State; Zip Code	Candidate / Officeholder name	Amount (\$) 1000.00 Amount (\$) 1000.00 Amount (\$) 1200.77
Date 11/29/2001 Purpose of exinformation re Advertising Date 11/29/2001	Payee name Majic 102 FM Payee address; City; State; Zip Code 24 E Greenway Palaza Houston TX 77056 xpenditure (See instructions regarding type of aquired.) Payee name NP Services Payee address; City; State; Zip Code 1113 Vine Street, Suite 120	Candidate / Officeholder name Complete if direct expen Candidate / Officeholder name	Amount (\$) 1000.00 Amount (\$) 1 200.77

P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F Total pages report: The INSTRUCTION GUIDE explains how to complete this form. 3/5 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Ms. Ada Edwards Date 5 Payee name Amount (\$) 11/27/2001 One Source Communication 13184.03 6 Payee address; City; State; Zip Code 1800 South Loop West Houston TX 77027 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Candidate / Officeholder name Office sought Office held Printing and Mail House Date Amount Payee name (\$) 11/29/2001 One Source Communication 793.00 Payee address; City; State; Zip Code 1800 South Loop West Houston TX 77027 Complete if direct expenditure to benefit C/OH ... Purpose of expenditure (See instructions regarding type of information required.) Candidate / Officeholder name Office held Printing & Mailhouse Amount Date Рауее лате 11/29/2001 Regal Plastics 821.38 City; State; Zip Code Payee address; 1700 Wirt Road Houston TX 77055 Complete if direct expenditure to benefit C/OH Purpose of expenditure (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Yard Signs Date Payee name Amount (\$) 11/27/2001 Sprint Digital Printing 1515.50 City; State; Zip Code Payee address; 3612 Mangum Houston TX 77042 Purpose of expenditure (See instructions regarding type of Complete if direct expenditure to benefit C/OH *** information required.) Candidate / Officeholder name Office sought Office held Printing and Reproduction

POLITICAL EXPENDITURES

SCHEDULE F

The Instructi	ION GUIDE explains how to complete this form.	1 Total page 4/5	es report:
FILER NAM Ms. Ada E		3 ACCOL	JNT # (Ethics Commission filers)
Date	5 Payee name	<u> </u>	7 Amount
11/27/2001	Tamara Jones		(\$) 120.35
	6 Payee address; City; State; Zip Code		
	935 Fugate		
	Hauston TX 77009		
Purpose of ex information re Event Exper		Complete if direct expenditure to be Candidate / Officeholder name	enefit C/OH ** Office sought Office held
Date	Payee name	<u> </u>	Amount
11/27/2001	Tamara Jones		(\$) 400.00
	Payee address; City; State; Zip Code		•
	935 Fugate		
	Houston TX 77009		
Purpose of ex information re	ependiture (See instructions regarding type of	Complete if direct expenditure to be	
Telephone		Candidate / Officeholder name	Office sought Office held
	Payee name	Candidate / Officeholder name	Amount
Telephone	Payee name Tamara Jones		
Telephone Date	Payee name		Amount (\$)
Telephone Date	Payee name Tamara Jones		Amount (\$)
Telephone Date	Payee name Tamara Jones Payee address; City; State; Zip Code		Amount (\$)
Date 12/06/2001	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009 xpenditure (See instructions regarding type of		Amount (\$) 1540.39
Date 12/06/2001 Purpose of exinformation re	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009 xpenditure (See instructions regarding type of	Complete if direct expenditure to be	Amount (\$) 1540.39 enefit C/OH Office sought Office held
Date 12/06/2001 Purpose of exinformation repayroll	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009 Expenditure (See instructions regarding type of equired.) Payee name Tamara Jones	Complete if direct expenditure to be Candidate / Officeholder name	Amount (\$) 1540.39 enefit C/OH Office sought Office held
Date 12/06/2001 Purpose of exinformation re Payroll	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009 Expenditure (See instructions regarding type of equired.) Payee name Tamara Jones	Complete if direct expenditure to be Candidate / Officeholder name	Amount (\$) 1540.39 enefit C/OH Office sought Office held Amount (\$)
Date 12/06/2001 Purpose of exinformation re Payroll	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009 Expenditure (See instructions regarding type of equired.) Payee name Tamara Jones	Complete if direct expenditure to be Candidate / Officeholder name	Amount (\$) 1540.39 enefit C/OH Office sought Office held Amount (\$)
Date 12/06/2001 Purpose of exinformation re Payroll	Payee name Tamara Jones Payee address; City; State; Zip Code 935 Fugate Houston TX 77009 xpenditure (See instructions regarding type of equired.) Payee name Tamara Jones Payee address; City; State; Zip Code	Complete if direct expenditure to be Candidate / Officeholder name	Amount (\$) 1540.39 enefit C/OH Office sought Office held Amount (\$)

POLITICAL EXPENDITURES

SCHEDULE F

The Instructi	ON GUIDE explains how to complete this form.		1 Total page: 5/5	s report:	
FILER NAMI Ms. Ada E	_		3 ACCOU	NT# (Ethics (Commission filers)
Date 11/29/2001	5 Payee name Texas Printing 6 Payee address; City; State; Zip Coc 4715 Main Street Houston TX 77002	ie		7	Amount (\$) 814.40
Purpose of ex information re Printing	penditure (See instructions regarding type of quired.)	9 Complete if direct exp Candidate / Officeholder		nefit C/OH " Office sought	Office heid
Date 11/27/2001	Payee name Veon McReynolds Payee address; City; State; Zip Co. 3612 Mangum Houston TX 77042	de			Amount (\$) 1250.00
information re	openditure (See instructions regarding type of equired.) Reproduction	Complete if direct ex Candidate / Officeholder		nefit C/OH • Office sought	